

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

13 MAY 13 AM 11:24

ALLAHASSEE, FLORIDA

REINSTATEMENT

CR2E041 (1/11)

DOCUMENT #

1. Limited Liability Company's Name

Harrison Tractor & Hauling Services
(L10000056095)

2. Principal Office Address - No P.O. Box #

1728 N. Riverdale Rd

3. Mailing Office Address

Po. Box 6885

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Avon Park, FL

City & State

Avon Park, FL

Zip

33825

Country

U.S.

Zip

33826

Country

U.S.

11-13

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

05/24/2010

6. FEI Number

27-13777526

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Johnny D. Harrison Jr

Street Address (P.O. Box Number is Not Acceptable)

1728 N. Riverdale Rd

Suite, Apt. #, Etc.

City

Avon Park,

State

FL

Zip Code

33825

E-mail Address:

000247954780
05/15/13--01017--001 **521.25

harrisontractorap@gmail.com

(To be used for future annual report notices)

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Date 04/08/2013

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Johnny D Harrison Jr	1728 N. Riverdale Rd	Avon Park / 33825
MGRM	Johnny D Harrison Sr	1728 N. Riverdale Rd	Avon Park / 33825

MAY 13 2013

S. PRATHER

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Signature of Managing
Member/Manager

Date 04/08/2013

Daytime Phone # 863-449-0114

Typed or printed name of signing Managing Member/Manager Johnny D Harrison Jr